STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155076	A. BUILDING _____ B. WING _____	R-C 10/01/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVING CENTER- BROOKVIEW	7145 E 21ST ST INDIANAPOLIS, IN 46219

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 000}	INITIAL COMMENTS This visit was for a post survey revisit (PSR) to the Investigation of Complaint number IN00131572 investigated on 7/24/13. This visit was in conjunction with the Investigation of Complaints IN00135117 and IN00135358. Complaint number IN00131572 corrected. Survey date September 27, 30, 2013 and October 1 2013. Facility number 000031 Provider number 155076 AIM number 100266150 Survey team: Chuck Stevenson, RN,TC Census bed type: SNF/NF: 113 Total: 113 Census payor type: Medicare: 9 Medicaid: 86 Other: 18 Total: 113 Sample: 3 Golden Living Center Brookview was found to be in compliance with 42 CFR part 483, subpart B and 410 IAC 16.2 in regard to the PSR to the investigation of complaint number IN00131572. Quality review completed on October 18, 2013,	{F 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{F 000}	Continued From page 1 by Janelyn Kulik, RN.	{F 000}		